| PATENT APPLICATION FEE DETERMINATION RECORD  69/4/60                                                                            |                                                |                                             |                   |                                             |                  |              |               |                        |    | 609                 | P                      |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------|-------------------|---------------------------------------------|------------------|--------------|---------------|------------------------|----|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 2)                                                                                             |                                                |                                             |                   |                                             |                  | SMA          |               | МПТҮ                   | OR | OTHER SMALL E       |                        |
| FO                                                                                                                              | R                                              | NUMB                                        | ER FILED          | NUMBER E                                    | EXTRA            | RAT          | E             | FEE                    |    | RATE                | FEE                    |
| BA                                                                                                                              | SIC FEE                                        |                                             |                   |                                             |                  |              |               | 380.00                 | OR |                     | 760.00                 |
| то                                                                                                                              | TAL CLAIMS                                     |                                             | 3 minus 20=       |                                             | . 15             |              | 9=            | 135                    | OR | X\$18=              |                        |
| IND                                                                                                                             | EPENDENT CL                                    | AIMS                                        | 9 minus 3 = * (   |                                             |                  | X39          | )=            | 234                    | OR | X78≈                |                        |
| MU                                                                                                                              | LTIPLE DEPEN                                   | DENT CLAIM P                                | CLAIM PRESENT     |                                             |                  | +13          | 0=            | 1                      | OR | +260=               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                        |                                                |                                             |                   |                                             |                  |              | AL            | 1991                   | OR | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)                                                                    |                                                |                                             |                   |                                             |                  |              | LL I          | ENTITY                 | OR | OTHER               |                        |
| MA                                                                                                                              |                                                | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |                   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RAT          | Æ             | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT                                                                                                                       | Total                                          | * 16                                        | Minus             | <b>**</b> 35                                | -                | X\$          | 9=            |                        | OR | X\$18=              |                        |
| ME                                                                                                                              | Independent                                    | • 6                                         | Minus             | *** 9                                       | =                | ХЗ           | <del>}=</del> |                        | OR | X78=                |                        |
| _                                                                                                                               | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                             |                   |                                             |                  | +13          | 0=            |                        | OR | +260=               |                        |
|                                                                                                                                 |                                                |                                             |                   |                                             |                  | Ti<br>ADDIT. | DTAL          |                        | OR | TOTAL<br>ADDIT, FEE |                        |
| (Column 1) (Column 2) (Column 3)                                                                                                |                                                |                                             |                   |                                             |                  | ADDIT.       | rec           |                        |    |                     |                        |
| AMENDMENT B                                                                                                                     |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RA           | ΓE            | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                 | Total                                          | • 16                                        | Minus             | <b>*</b> 35                                 | =                | X\$          | 9=            |                        | OR | X\$18=              |                        |
|                                                                                                                                 | Independent                                    | . 6                                         | Minus             | *** 9                                       | = /              | X3           | 9=            | ·                      | OR | X78=                |                        |
| F                                                                                                                               | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                             |                   |                                             |                  | +13          | 0=            |                        | OR | +260=               |                        |
|                                                                                                                                 |                                                |                                             |                   |                                             |                  | ADDIT        | OTAL<br>FEE   |                        | OR | YOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3)                                                                                                |                                                |                                             |                   |                                             |                  |              |               |                        |    |                     |                        |
| AMENDMENT C                                                                                                                     |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RA           | ΤE            | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                 | Total                                          | 1                                           | Minus             | **                                          | e                | X\$          | 9=            |                        | OR | X\$18= .            |                        |
|                                                                                                                                 | Independent                                    | *                                           | Minus             | ***                                         | =                | ХЗ           | 9=            |                        | OR | X78=                |                        |
| ľ                                                                                                                               | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                             |                   |                                             |                  |              |               |                        | 1  | +260=               |                        |
| 1.                                                                                                                              | If the entry in colu                           | ımn 1 is less than                          | the entry in colu | mn 2, write "0" in o                        | olumn 3.         | +13          | D=<br>OTAL    |                        | OR | TOTAL               |                        |
| * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE                             |                                                |                                             |                   |                                             |                  |              |               |                        | OR | ADDIT. FEE          |                        |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                |                                             |                   |                                             |                  |              |               |                        |    |                     |                        |